| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  |  |        | Docket Number (Optional)         |                  |
|---|--|--------|----------------------------------|------------------|
| FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)   |  |        | 027607-000110US                  |                  |
| Application Number 10/574,163   |  |        | Filed March 29, 2006             |                  |
| For IMMORTALIZED HEPATOCYTES  |  |        |                                  |                  |
| Art Unit Afremova, Vera   |  |        | Examiner 1657                    |                  |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |  |        |                                  |                  |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |  |        |                                  |                  |
|   |  | Fee    | Small Entity Fee                 |                  |
|   | One month (37 CFR 1.17(a)(1))  | \$130  | \$65                             | \$               |
|   | Two months (37 CFR 1.17(a)(2))   | \$490  | \$245                            | \$               |
|   | Three months (37 CFR 1.17(a)(3))   | \$1100 | \$555                            | \$_555           |
|   | Four months (37 CFR 1.17(a)(4))  | \$1730 | \$865                            | \$               |
|   | Five months (37 CFR 1.17(a)(5))  | \$2350 | \$1175                           | \$               |
| Applicant claims small entity status. See 37 CFR 1.27.  |  |        |                                  |                  |
|   | A check in the amount of the fee is enclosed.  Payment by credit card. Form PTO-2038 is attached.  |        |                                  |                  |
|   |  |        |                                  |                  |
| The Director has already been authorized to charge fees in this application to a Deposit Acc  |  |        |                                  | ount.            |
| $\boxtimes$   | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430 |        |                                  |                  |
| WARNING: Information on this form may become public. Credit card information should not be included on this form<br>Provide credit card information and authorization on PTO-2038.                    |  |        |                                  | ed on this form. |
| I am the applicant/inventor.  |  |        |                                  |                  |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).  |  |        |                                  |                  |
| attorney or agent of record. Registration Number _46,226  |  |        |                                  |                  |
| attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34  |  |        |                                  |                  |
| Jennifer Walkett October 22, 2008   |  |        |                                  |                  |
|   | Jennifer L. Wahlsten, Reg. No. 46,226 Typed or printed name  |        | 415-576-0200<br>Telephone Number |                  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |  |        |                                  |                  |
|   | Total of forms are subm  | itted  |                                  |                  |